

## Filing at a Glance

Company: Amica Mutual Insurance Company

Product Name: AR-A-07-3-RU

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto  
(PPA)

Filing Type: Rule

SERFF Tr Num: AMMA-125186453 State: Arkansas

SERFF Status: Closed

State Tr Num:

Co Tr Num: AR-A-07-3-RU

State Status:

Co Status: pending

Reviewer(s): Alexa Grissom, Betty  
Montesi

Authors: Brenda Miller, Carol  
Pedro, Brenda Walker

Disposition Date: 07-02-2007

Date Submitted: 06-28-2007

Disposition Status: Filed

Effective Date Requested (New): 10-01-2007

Effective Date (New): 11-01-2007

Effective Date Requested (Renewal): 10-01-2007

Effective Date (Renewal):

## General Information

Project Name: Rule Revision

Project Number:

Reference Organization: Insurance Services Office

Reference Title:

Filing Status Changed: 07-02-2007

State Status Changed:

Corresponding Filing Tracking Number:

Filing Description:

Your records will indicate that our Company is a member of Insurance Services Office.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: PP-2007-ONDE2

Advisory Org. Circular: LI-PA-2007-140

Deemer Date:

Adoption of ISO rule revision.

## Company and Contact

### Filing Contact Information

Brenda Walker, Sr. Rate Filing Specialist

P.O. Box 6008

Providence, RI 02940

bwalker@amica.com

(800) 652-6422 [Phone]

(401) 334-6518[FAX]

### Filing Company Information

Amica Mutual Insurance Company

P.O. Box 6008

Providence, RI 02940

(800) 652-6422 ext. [Phone]

CoCode: 19976

Group Code: 28

Group Name:

FEIN Number: 05-0348344

State of Domicile: Rhode Island

Company Type:

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Amica Mutual Insurance Company	\$25.00	06-28-2007	14377277

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	07-02-2007	07-02-2007

## **Disposition**

Disposition Date: 07-02-2007

Effective Date (New): 11-01-2007

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	manual page	Filed	Yes

## **Rate Information**

Rate data does NOT apply to filing.

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	manual page	Rule 14	Replacement	revised manual page.pdf



**PERSONAL VEHICLE MANUAL**  
**ARKANSAS EXCEPTION PAGES**

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Effective **OCTOBER 1, 2007**

**14. MISCELLANEOUS COVERAGES**

A. Uninsured Motorists Coverage

This rule applies except as follows:

1. Owners – (Class Code – Refer to Statistical Plan)

**BODILY INJURY**

This form of auto insurance must be afforded at limits not less than the financial responsibility limits under every auto liability policy issued or delivered to the owner of a motor vehicle registered or principally garaged in Arkansas. Attach applicable endorsement.

Exceptions:

- (1) The named insured has the right to reject such coverage in writing.
- (2) After a named insured rejects such coverage, the insurer shall not be required to notify any insured in any renewal reinstatement, substitute, amended, or replacement policy as to the availability of such coverage.
- (3) The written agreement to reject such coverage shall continue until the rejection is withdrawn in writing by the named insured.

**Increased Limits**

If a named insured or applicant purchases liability limits greater than the financial responsibility limits, increased limits of Uninsured Motorists Coverage must be offered in amounts up to the liability limits on the policy.

Note:

- a. For new policies written on or after January 1, 2000, an insured or applicant who does not want to purchase increased limits shall reject such increased limits in writing on the application for insurance coverage.

## PROPERTY DAMAGE

If Bodily Injury Uninsured Motorists Coverage is purchased, the named insured must be offered Property Damage Uninsured Motorists Coverage, subject to a \$200 deductible.

### Exceptions

- (1) Property Damage Uninsured Motorists limits shall be made available up to the policy's property damage liability limits.
- (2) The named insured has the right to reject Property Damage Uninsured Motorists Coverage in writing.
- (3) After the named insured has rejected such coverage, it need not again be made available in any continuation, renewal, reinstatement, or replacement policy issued by the same insurer unless the insured requests such coverage in writing.
- (4) Whenever a new application is submitted in connection with any renewal, reinstatement, or replacement policy, the provisions of this rule shall apply in the same manner as if a new policy is being issued.

### Rates

Rates for basic and increased limits coverage are displayed on the rate pages. Uninsured Motorists coverage rates are provided for the following risks:

- (1) Single Car risk.
- (2) Multi-Car risk.

Rates for multi-car risks are on a per-car basis. Apply these rates to each car including the first car.

The provisions of Rule 4. Classifications and Rule 5. Safe Driver Insurance Plan do not apply to the rates for this coverage. The provisions of Sections H. and I. of Rule 3. Premium Determination APPLY to this coverage.

## B. Underinsured Motorists Coverage

Section 1. is replaced by the following:

### 1. Owners

- a. This form of auto insurance shall be offered in limits at least equal to the Financial Responsibility law limits under every automobile liability insurance policy covering liability arising out of the ownership, maintenance or use of any motor vehicle in Arkansas.

Underinsured Motorists Coverage must be offered for:

- (1) All new policies issued on or after July 1, 1993.

### Exceptions

- (a) If the named insured does not elect Underinsured Motorists Coverage the coverage must be rejected in writing.
- (b) This coverage shall not be provided and must be rejected in writing if the named insured has rejected Bodily Injury Uninsured Motorists Coverage.
- (c) After a named insured rejects such coverage, the insurer shall not be required to notify any insured in any renewal, reinstatement, substitute, amended, or replacement policy as to the availability of such coverage.

- b. If Underinsured Motorists Coverage is provided:
- (1) The coverage shall apply to all vehicles insured under the policy.
  - (2) Uninsured Motorists Coverage and Underinsured Motorists Coverage must be provided at the same limits.
  - (3) Attach the applicable endorsement at basic or increased limits.
- c. Rates
- (1) Rates are displayed on the Rate Pages. Underinsured Motorists coverage rates are provided for the following risks:
    - (a) Single Car risk.
    - (b) Multi-Car risk. Rates for multi-car risks are on a per-car basis. Apply these rates to each car including the first car.
  - (2) The provisions of Rule 4. Classifications and Rule 5. Safe Driver Insurance Plan do not apply to the rates for this coverage. The provisions of Sections H. and I. of Rule 3. Premium Determination APPLY to this coverage.

C. Deductible Insurance

2. Comprehensive Deductibles For Which No Premium Is Shown - Charge the following percentage of the \$500 Deductible Comprehensive premium:

Full Coverage	=	273%
\$ 50 Deductible	=	239%
\$ 100 Deductible	=	190%
\$ 200 Deductible	=	149%
\$ 250 Deductible	=	139%
\$ 300 Deductible	=	124%
\$ 400 Deductible	=	112%
\$1,000 Deductible	=	76%
\$1,500 Deductible	=	67%
\$2,000 Deductible	=	62%
\$2,500 Deductible	=	57%
\$3,000 Deductible	=	53%
\$4,000 Deductible	=	49%
\$5,000 Deductible	=	45%

3. Collision Deductibles For Which No Premium Is Shown - Charge the following percentage of the \$500 Deductible Collision premium:

50 Deductible	=	240%
\$ 100 Deductible	=	200%
\$ 200 Deductible	=	165%
\$ 250 Deductible	=	145%
\$ 300 Deductible	=	128%
\$ 400 Deductible	=	118%
\$1,000 Deductible	=	73%
\$1,500 Deductible	=	68%
\$2,000 Deductible	=	60%
\$2,500 Deductible	=	56%
\$3,000 Deductible	=	52%
\$4,000 Deductible	=	47%
\$5,000 Deductible	=	42%

The following section is added to this rule:

L. Named Driver Exclusion

1. Applicability

An automobile insurance policy may be endorsed to exclude all or specific coverage(s) when a motor vehicle is operated by a specifically excluded individual.

2. Requirements

a. The named driver exclusion endorsement must be signed by the named insured.

b. The named driver exclusion endorsement shall remain in effect:

(1) For the term of the policy; and

(2) For each renewal, reinstatement, substitute, modified, replacement or amended policy;

unless discontinued by the insurer.

c. If a named driver exclusion endorsement is attached to the policy:

(1) The premiums charged shall not reflect the claim experience, driving record or rating classification of the named excluded driver with respect to the excluded coverages.

(2) The named excluded driver shall not be listed as an operator of any auto covered under the policy.

d. If a loss payee is shown in the policy and physical damage coverage is excluded under the named driver exclusion endorsement, the loss payee may be sent a notice indicating that the policy contains a named driver exclusion.

3. Endorsement

Attach the named driver exclusion endorsement to the policy.

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Uniform Transmittal Document- Property & Casualty		<b>Review Status:</b> Filed	07-02-2007
<b>Comments:</b>			
<b>Attachment:</b> PCtrans.pdf			
<b>Bypassed -Name:</b> NAIC Loss Cost Filing Document for OTHER than Workers' Comp		<b>Review Status:</b> Filed	07-02-2007
<b>Bypass Reason:</b> Not applicable			
<b>Comments:</b>			
<b>Bypassed -Name:</b> NAIC loss cost data entry document		<b>Review Status:</b> Filed	07-02-2007
<b>Bypass Reason:</b> Not applicable			
<b>Comments:</b>			

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Amica Mutual Insurance Company	RI	028-19976	05-0348344		

<b>5. Company Tracking Number</b>	AR-A-07-3-RU
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Brenda M. Walker P.O. Box 6008 Providence, RI 02940-6008	Sr. Rate Filing Specialist	1-800-652- 6422 (ext. 24584)	1-401-334- 6518	bwalker@amica.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Brenda M. Walker		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	19.1/21.4 Private Passenger Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.1002/21.1000 PPA Liability and Phy Damage Combination
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Personal Automobile
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 10/01/07   Renewal: 10/01/07
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	Insurance Services Office
<b>17. Reference Organization # &amp; Title</b>	PP-2007-ONDE2
<b>18. Company's Date of Filing</b>	June 28, 2007
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	<b>This filing transmittal is part of Company Tracking #</b>	AR-A-07-3-RU
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Your records will indicate that our Company is a member of Insurance Services Office.

Effective October 1, 2007 for new business and renewal policies, Amica will adopt the rule revision outlined in ISO Reference Filing Number PP-2007-ONDE2.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #: EFT</b> <b>Amount: \$25.00</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AR-A-07-3-RU</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>N/A</b>
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☐ Rate Increase      ☐ Rate Decrease      ☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>File and Use</b>
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	<b>-4.8%</b>
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<b>7.</b>	<b>Effective Date of last rate revision</b>	<b>05/01/07</b>
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	<b>File and Use</b>
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Rule 14. Miscellaneous Coverages	[ ] New [X] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	